## DRUG ABUSE SCREEN - APPLICANT AUTHORIZATION 7-PANEL DRUG SCREEN THIS IS A CONFIDENTIAL DOCUMENT

Applicant's Name	
Applicant's Social Security #	Position Identification #
Agency Appropriation Code	
	tion (COMAR) 17.04.09, Testing for Illegal Use of Drugs, I am termine your suitability for State employment. The collection will
Collection Location	
	Time
	red to present positive identification in the form of a valid photord or a State employee photo identification card.
Kroll Laboratory Specialists, Inc., 1111 Newtor specimen will be screened for the following dru	n Street, Gretna, Louisiana 70053, will conduct the test, and the gs:
• E • C • N • (	Amphetamines Barbiturates Benzodiazepines Cocaine Marijuana/Cannabinoids Opiates Phencyclidine (PCP)
The test will not reveal information pertaining cited above. All test results are confidential as	to any prescription and/or non-prescription drugs that are no required by applicable laws and regulations.
	employment, you will be disqualified from consideration for the our name will be removed from the eligible list for all sensitives.
IF YOUR TEST YIELDS A VI	ERIFIED LABORATORY POSITIVE RESULT:
	stact you and give you an opportunity to present information to e positive result. The Office will make three attempts to contact result.
	applying for a position in a sensitive classification or a sensitive res the State Medical Director to notify your <b>current</b> appointing result.
Verified laboratory positive test results will positions in sensitive classifications.	disqualify you from State employment in sensitive positions or
by a U.S. Department of Health and Hu	portion of the original specimen. The retest must be performed man Services certified laboratory that has been licensed in will be provided a list of six certified laboratories from which to or all costs associated with the retest.
<ul> <li>You have the right to appeal any action results and Management within five workdays of you</li> </ul>	ulting from a positive test by writing to the Department of Budget ur receipt of such notification.

Applicant/Applicant-Employee

Date

Date

Agency Technical Representative